07508

Evidence for change of age shown on:

FILM No. G 126 JUL 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 10a
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Fidelae (Middle) (Last) Barber
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 12 1877
9. AGE last birthday 7867 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.N.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mass
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr Henry Barber
14. MOTHER'S MAIDEN NAME Elizabeth Smead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Carolyn Barber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Myocardial infarction due to arterio-	
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) sclerotic coronary thrombosis	7 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 July, 1950, to 4 July, 1950, that I last saw the deceased alive on July 4, 1950 and that death occurred at 11:14 A.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 5 July 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 6 1950
NAME OF CEMETERY OR CREMATORY Hurlock
LOCATION (City, town, or county) Hurlock (State) Md

DATE REC'D BY LOCAL REG. 7/5/50
REGISTRAR'S SIGNATURE N.H. Nevins
24. FUNERAL DIRECTOR F.B. Willoughby ADDRESS Hurlock Md

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1950
BUREAU P. R.

6/2

07509

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) Bock
4. DATE OF DEATH (Month) July (Day) 1 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jun 25-1880
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevedor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Mr Henry Bock
14. MOTHER'S MAIDEN NAME Elizabeth Zinc
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Mrs Helen Bock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Bronchial Asthma	8 yrs

241x

83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to June 30, 1950, that I last saw the deceased alive on 6/30, 1950, and that death occurred at 12 m. 7-1-50 m., from the causes and on the date stated above.

SIGNATURE Sheppard Kuch Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED July 3, 1950

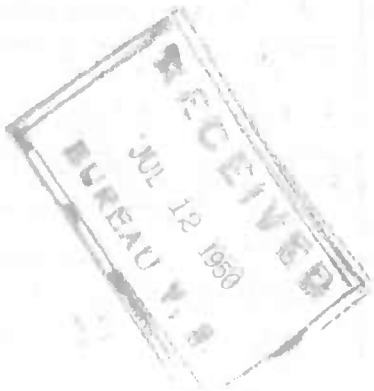
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/50
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton Md
DATE REC'D BY LOCAL REG. 7/3/50
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR [illegible] Clark
ADDRESS

90651

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUL 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07510

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton RD; MARYLAND; LENGTH OF STAY (in this place) 5 1/2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Barrington (Last) Tome Brower

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 9 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months 10; Days 2; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Tome

14. MOTHER'S MAIDEN NAME: Carrie W. Barrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-28-0745

17. INFORMANT AND ADDRESS: Joseph C. Brower

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) V. alvular heart disease — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis & Hypertension — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19[illegible], to July, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE: William S. Seymour M.D. (Degree or title) ADDRESS: Easton Md. DATE SIGNED: 7/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: July 14 1950; NAME OF CEMETERY OR CREMATORY: Northwood Cemetery; LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG. 7/12/50; REGISTRAR'S SIGNATURE: N. R. Nevers

24. FUNERAL DIRECTOR: John D. Williams; ADDRESS

RECEIVED
JUL 25 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07511

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Tal.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) H. (Last) Carter
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/8/1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Howard Co
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Hopkins
14. MOTHER'S MAIDEN NAME Martha Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. C. P. Carter, Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential hypertension	(?)
	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July, 1950, to 7 July, 1950, that I last saw the deceased alive on 7 July, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 10 July 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/9/50
NAME OF CEMETERY OR CREMATORY Wye
LOCATION (City, town, or county) Wye Mills (State) Md

DATE REC'D BY LOCAL REG. 7/8/50
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR Barton Bros. Centreville ADDRESS

52086 Md

RECEIVED
JUL 25 1950
BUREAU V. S.

07512

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harbor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Micheal
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Carlos (Middle) (Last) Daugherty
4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1950
5. SEX M
6. COLOR OR RACE Colored
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH Sept. 10 1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) St. Micheal Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Charles Henry Dougherty
14. MOTHER'S MAIDEN NAME Mary Agnes Miles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World
16. SOCIAL SECURITY NO.
17. INFORMANT (Mrs) Naomi Camper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Accidental drowning — Immed

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY harbor (CITY OR TOWN) St Michaels (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 7 (Day) 26 (Year) 50 (Hour) 11 A.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell from boat & drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis S Witty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 7-26-50

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~ DATE THEREOF 7/29/50 NAME OF CEMETERY OR CREMATORY Easton Memorial Park LOCATION (City, town, or county) Easton Talbot Md (State)

DATE REC'D BY LOCAL REG. 7/29/50 REGISTRAR'S SIGNATURE N.H. Neerew
24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton Md

90-099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 17 1950
BUREAU

My Dear

I issued permit
in this instance
to Leon W. Henry
colored undertaker
here in Easton. To date
I have been unable to
get the pink form from
him for permits issued
out of district so I thought

(over)

MILCOR

•Sheet Metal Building Materials
•Fireproof Building Products

I had better send this to you so you might send it in.

Thanks

N. H. Neerius
Local Registra

MILCOR STEEL COMPANY
W. VERNON WARD
Phones: Res.: Broadway 1899
1732 E. Chase St.
Office: Broadway 5300
BALTIMORE, MD.

Evidence for addition as shown in #21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07513

FILM No. G 127 AUG 23 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 18 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nelson (Middle) (Last) Faulkner.
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower.
8. DATE OF BIRTH: About 1893
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: gardener
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Eliz Bedsworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) 2-3 degree burns 60% of body — 18 days.

181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive & cerebral hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓ Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Royal Oak — (COUNTY) Talbot — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): June 18, 1950 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Clothing caught fire. (8/22/50 a.m.s.)

22. I hereby certify that I attended the deceased from Jun 18, 1950, to July 6 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE: Edward T. Kirmaier (Degree or title) MD — ADDRESS: Waverly, Easton — DATE SIGNED: 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/8/50 — NAME OF CEMETERY OR CREMATORY: Olivet — LOCATION (City, town, or county): St. Michaels — (State) Md

DATE REC'D BY LOCAL REG.: 7/6/50 — REGISTRAR'S SIGNATURE: N. H. Neirus — 24. FUNERAL DIRECTOR: Norman V Marshall — ADDRESS: St. Michaels

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1950
BUREAU Y. S

Evidence for addition as shown in #18

07514

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

FILM No. G 127 AUG 23 1950

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Colden (Middle) (Last) Ferreira

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 11, 1869
9. AGE last birthday 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Alexander Ferreira
14. MOTHER'S MAIDEN NAME Abbie Tarlton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Mary Ferreira

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153x Immediate cause (a) Erosion of pulmonary vessels into lung (Malignant)? — 15 Min

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis — 6 Mo?

(c) Primary: Ca. of Sigmoid (8/22/50 A.S.)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/5/50
19b. MAJOR FINDINGS OF OPERATION Carcinomatoses c̄ bowel Obstruction
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1950, to 7/19, 1950, that I last saw the deceased alive on 7/19, 1950, and that death occurred at 10 20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/22/50
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) New York City

DATE REC'D BY LOCAL REG. 7/20/50
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

07515

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot Co. Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, md. | LENGTH OF STAY (In this place) 1 hr 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland- COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Maryland
STREET ADDRESS (If rural, give location) R 1

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) B. (Last) Friend
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	M	4-15-25	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H W
11. BIRTHPLACE (State or foreign country) Md (Preston R 1)
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Phillip W. Thomas
14. MOTHER'S MAIDEN NAME Blanche Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Wesley Friend, Preston Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	5 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (650.0 / 141 d)	(b) Hemorrhage	12 hours
	(c) Incomplete Abortion	3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J.T.B. Ambler M.D. 214 Dover St. Easton Md. 7/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/11/50
NAME OF CEMETERY OR CREMATORY Jonestown
LOCATION (City, town, or county) Near Preston (State) Md

DATE REC'D BY LOCAL REG. 7/8/50
REGISTRAR'S SIGNATURE N. A. Norris
24. FUNERAL DIRECTOR ADDRESS
J.J. Frampton and Son, Federalsburg, Md.

5-30-86

RECEIVED
JUL 25 1950
BUREAU V. R.

07516

Evidence for change of age shown on:
FILM No. G 126 JUL 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Quentin (Middle) (Last) Haig
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 13, 1898
9. AGE last birthday 52 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Architect
11. BIRTHPLACE (State or foreign country) Chicago
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME M. Fredered Haig
14. MOTHER'S MAIDEN NAME Quentin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Mrs Edelts Haig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary arteriosclerosis	4 years
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (a) cardiac failure	1 year
		(c) Arteriolar nephrosclerosis uremia	(2) 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 5 July, 1950, that I last saw the deceased alive on 5 July, 1950, and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Easton Maryland DATE SIGNED 5 July 50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/7/50
NAME OF CEMETERY OR CREMATORY Washington DC
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 7/6/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR [illegible] Clark
ADDRESS Easton, Md.

V4093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07659

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (In this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mathew (Middle) Virginia (Last) Sr.
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1950
5. SEX: Male. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married. 8. DATE OF BIRTH: April 19, 1871 9. AGE last birthday: 79 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 10b. KIND OF BUSINESS OR INDUSTRY: Episcopal 11. BIRTHPLACE (State or foreign country): Maine 12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Mr Oscar R Heggins 14. MOTHER'S MAIDEN NAME: Hannah Harmon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown 16. SOCIAL SECURITY No.: Unknown 17. INFORMANT: Mr Harold Heggins Preston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho pneumonia, right	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atelectasis, left lung	5 days
	(c) Multiple fractures, left ribs	5 days

835.1
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Preston (COUNTY) Caroline (STATE) Maryland
TIME OF INJURY (Month) June (Day) 27 (Year) 1950 (Hour) about 3 p.m. INJURY OCCURRED While at Work ☒ Not While At work ☐ HOW DID INJURY OCCUR? Thrown from overturning car.

22. I hereby certify that I attended the deceased from June 27, 1950, to July 2, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James McC. Finney MD Memorial Hospital, Easton, Md. July 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF July 5 '50 NAME OF CEMETERY OR CREMATORY: Wye Churchyard LOCATION (City, town, or county) Wye Mills (State)
DATE REC'D BY LOCAL REG. 7/3/50 REGISTRAR'S SIGNATURE N.H. Neires 24. FUNERAL DIRECTOR: Maurice E. Spencer ADDRESS

V0494

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1950
BUREAU V.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07660

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) William (Middle) F. (Last) Howeth
4. DATE OF DEATH (Month) July (Day) 27 (Year) 50
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1880 Sept. 10
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (State or foreign country): Wittman Md.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: John T. Howeth
14. MOTHER'S MAIDEN NAME: Lavenia Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Wm. F. Howeth Wittman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 × Immediate cause (a) Cerebral Hemmorrage — 12 hrs

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis. Hypertension — 3 hrs

(c) diabetis — 1 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to July 27, 1950, that I last saw the deceased alive on July 27, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: Guy M Reese (Degree or title) MD — ADDRESS: Tilghman — DATE SIGNED: Mch.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7-29-50
NAME OF CEMETERY OR CREMATORY: Spring Hill
LOCATION (City, town, or county) (State): Easton Md. Talbot

DATE REC'D BY LOCAL REG.: July 28-50
REGISTRAR'S SIGNATURE: G. Wesley Sewell
24. FUNERAL DIRECTOR: J. Reeds Moore Tilghman Md.
ADDRESS:

15672

RECEIVED
AUG 2 1950
BUREAU V. R

7/7

07661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Easton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Sheppard (Last) Johann
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 9, 1880
9. AGE last birthday 69 yrs. If under 1 year Months 11 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Research Engineer
10b. KIND OF BUSINESS OR INDUSTRY Electrical
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A. Johann
14. MOTHER'S MAIDEN NAME Mary E. Carrigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-12-8493
17. INFORMANT AND ADDRESS Bertha Mitchell Johann Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage from left middle Cerebral Artery	1 wk.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Cardiovascular Disease	years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7, 1950, to 7/13, 1950, that I last saw the deceased alive on 7/13, 1950, and that death occurred at 6:50 m., from the causes and on the date stated above.

SIGNATURE Sheppard Kiech Jr. (Degree or title) M.D. ADDRESS Easton DATE SIGNED 7/14/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 15/1950 NAME OF CEMETERY OR CREMATORY Arlington LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 7/14/50 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

V2260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1980
BUREAU T. D.

item# 22: changed to 1950 in 2d and 3d entry since more or less obviously in error, supported by funeral director Hollis' letter filmed 8-10-50 G127. L Cer. and dr's statement filmed 8-21-50 (G127.L)

Evidence for addition as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

FILM No. G 127 AUG 23 1950

1. PLACE OF DEATH: COUNTY Talbot Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 39 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) William T. (Last) McAllister
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Feb 19-1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Canned Goods
11. BIRTHPLACE (State or foreign country) Md (Cambridge)
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME McClayton W. McAllister
14. MOTHER'S MAIDEN NAME Helen A. Geoghagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs. Ethel McAllister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic, Melanoma, lymph glands, skin, lung, brain brain — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

199.1 47d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Primary site - thigh, left. (8-22-50 - ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to July 23, 1949 (1950), that I last saw the deceased alive on July 23, 1949 (1950), and that death occurred at 7 57 pm m., from the causes and on the date stated above.

SIGNATURE Wm. D. Noble (Degree or title) ADDRESS Easton Md DATE SIGNED 7/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/26/50
NAME OF CEMETERY OR CREMATORY L. O. U. A. M.
LOCATION (City, town, or county) Preston Md (State)

DATE REC'D BY LOCAL REG. 7/24/50
REGISTRAR'S SIGNATURE N. H. Neiress
24. FUNERAL DIRECTOR T. M. Hollis ADDRESS

27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1960
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07663

Reg. Dist. No. 297

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Neavitt, Md. | LENGTH OF STAY (in this place): 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Neavitt, Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) L. (Middle) ERNEST (Last) MASON

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 16, 1885

9. AGE last birthday: 65 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired police

10b. KIND OF BUSINESS OR INDUSTRY: Cheuffer

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lloyd William Mason

14. MOTHER'S MAIDEN NAME: Belle Schnider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. S. Emma Mason, Neavitt, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis with occlusion — Interval Between Onset and Death: 60 min.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary arterial sclerosis & 'angina' syndrome — few months to few years.

(c) Generalized arteriosclerosis - moderate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11th, 1950, to July 15th, 1950, that I last saw the deceased alive on July 15th, 1950, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE: Asst. Surg. Lee T. Nichols, Jr. | (Degree or title) M.D. | ADDRESS Talbot St. — St. Michaels Md. | DATE SIGNED 15 July 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 18, 1950 | NAME OF CEMETERY OR CREMATORY: Meadowbranch Cemetery | LOCATION (City, town, or county) Frizzleburg, Md. (State)

DATE REC'D BY LOCAL REG.: July 16, 50 | REGISTRAR'S SIGNATURE: Mrs. Ruth K. Seth | 24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md. | ADDRESS

6049

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07664

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Stevensville~~ Maryland
STREET ADDRESS Chester (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Miss Edith (Middle) Palmer (Last)

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Jan 7, 1882 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Queen Anne County | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm L. Palmer | 14. MOTHER'S MAIDEN NAME: Josephine Hawse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT: W. H. Palmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330* Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset and Death: 3 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1950, to July 15, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

M. V. Palmer | M. D. | 136 S. Washington Easton, Md | 7/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 7/18/50 | NAME OF CEMETERY OR CREMATORY: Stevensville | LOCATION (City, town, or county) (State): Stevensville Md

DATE REC'D BY LOCAL REG. 7/16/50 | REGISTRAR'S SIGNATURE: M. A. Merrick | 24. FUNERAL DIRECTOR: [illegible] | ADDRESS: Easton Md

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1950
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07665

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Bridgeville Road – Federalsburg

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Reese (Last) Payne

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated

8. DATE OF BIRTH June 6, 1890

9. AGE last birthday 60 yrs.

If under 1 year Months / Days

If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY Maryland Plastics

11. BIRTHPLACE (State or foreign country) Caroline County Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel L. Payne

14. MOTHER'S MAIDEN NAME Emma J. Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs. Arthur Whitten, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Hemorrhage — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Duodenal ulcer

5410
1176

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1950, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 10 16 A.m., from the causes and on the date stated above.

SIGNATURE James W. C. Finney (Degree or title) MD ADDRESS Memorial Hospital, Easton Md. DATE SIGNED July 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/3/50

NAME OF CEMETERY OR CREMATORY Hill Crest

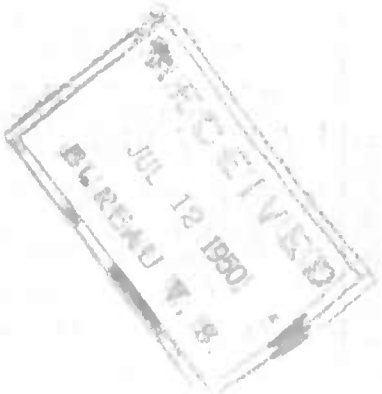
LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REG. 7/2/50

REGISTRAR'S SIGNATURE M. H. Reese

24. FUNERAL DIRECTOR J. J. Frampton ADDRESS Federalsburg Md

98817


RECEIVED
JUL 12 1950
BUREAU

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07666

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Sarah	(Middle) Louise	(Last) Roe	4. DATE OF DEATH	(Month) 7 (Day) 10 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Mar. 10, 1861	9. AGE last birthday: 89 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Tilghman, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME: Vincent Frampton	14. MOTHER'S MAIDEN NAME: Wilamina Frampton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mrs. Charles Faulkner, Tilghman, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Cerebral Hemorrhage — 48 hrs

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic chest disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12, 1945, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Reeses Md [signature] 7/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7-13-50	NAME OF CEMETERY OR CREMATORY: Tilghman Methodist	LOCATION (City, town, or county) (State): Tilghman, Talbot, Md.
DATE REC'D BY LOCAL REG.: 7/13/50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: J. Reeds Moore Tilghman Md	ADDRESS

RECEIVED
JUL 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07667

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak, Md.; LENGTH OF STAY (in this place) 45 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman, Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) (Last) SINCLAIR

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28, 1881

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ferdinand Geisel

14. MOTHER'S MAIDEN NAME: Margaret Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Howard Sinclair, Tilghman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia. — Minutes

442x Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular Renal Disease — several years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:15 a.m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) C. P. Waite M.D. ADDRESS St. Michaels, Md. DATE SIGNED 7/28/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE July 29, 1950

NAME OF CEMETERY OR CREMATORY Sherwood Cemetery

LOCATION (City, town, or county) (State) Sherwood, Maryland

DATE REC'D BY LOCAL REG. July 28/50

REGISTRAR'S SIGNATURE Mrs Robt. L. Seth

24. FUNERAL DIRECTOR ADDRESS Newnam & Harrison, St. Michaels, Md.

VS. A15

RECEIVED
JUL 31 1980
BUREAU

07668

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY Talbot Co Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Taylor (A). Twin I
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH July 16, 1950
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 9 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Norris Taylor
14. MOTHER'S MAIDEN NAME Helen Joyce Walls
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Norris Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity, 26 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

776X
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1950, to 7-16, 1950, that I last saw the deceased alive on 7-16, 1950, and that death occurred at 10 05 p m., from the causes and on the date stated above.

SIGNATURE J. Taylor Baker (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17, 1950
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md.
DATE REC'D BY LOCAL REG. 7/17/50
REGISTRAR'S SIGNATURE N. H. Nerbeis
24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

2-1-7-16-0-24-1-28-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1950
BUREAU

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07669

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Taylor Twin II (B)

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH July 16, 1950

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 5 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Norris Taylor

14. MOTHER'S MAIDEN NAME Helen Joyce Walls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr Norris Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

776* Immediate cause (a) Prematurity, 26 weeks

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1950, to 7-16, 1950, that I last saw the deceased alive on 7-16, 1950, and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Taylor Baker

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/17/50

NAME OF CEMETERY OR CREMATORY Springhill

LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 7/17/50

REGISTRAR'S SIGNATURE W. H. Nerries

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

2-1-7-16-0-24-2-28-0

RECEIVED
JUL 25 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07670

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock, Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Vaughn	July	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 15, 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Canning
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr John Vaughn
14. MOTHER'S MAIDEN NAME: Eliza Insley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Lydia Vaughn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory collapse -	
602 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 134a	(b) Chronic suppurative degeneration -	
	(c) ureterolithiasis -	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: arterio sclerosis -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 11, 1950	Induration of left ureter -	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1950, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John F. Schneider, M.D. Easton, Md. July 21, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/22/50	Washington	Hurlock, Dor. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/20/50	M. A. Peters	E. B. Willoughby	Hurlock 60261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1950
BUFFALO N.Y.

7/22

07671

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DENTON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Wheeler
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH About 1867 Unknown
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elsworth Wheeler
14. MOTHER'S MAIDEN NAME Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Elsworth Wheeler (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4500 Immediate cause (a) arteriosclerosis, generalized ?

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22/, 1950, to 7/27/, 1950, that I last saw the deceased alive on 7/27/, 1950, and that death occurred at 6:06 P.m., from the causes and on the date stated above.

SIGNATURE R B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 7/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/30/50
NAME OF CEMETERY OR CREMATORY Cokers
LOCATION (City, town, or county) (State) Near Greensboro
DATE REC'D BY LOCAL REG. 7/27/50
REGISTRAR'S SIGNATURE N.H. Nurus
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

XV X99

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

T

RECEIVED
AUG 1 1950
BUREAU V. B

6/30

07672

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. LENGTH OF STAY (in this place) June 30 1950 to 7/2/50

HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Preston Md. COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston

STREET ADDRESS (If rural, give location) Noble Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Oliver (Last) Wright

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 1886

9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager - Men's Merchant Furnishing

10b. KIND OF BUSINESS OR INDUSTRY Clothing & Furnishing

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Wm James Wright

14. MOTHER'S MAIDEN NAME Mary Hawes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs Lenora Wright

217-05-3715

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1946, to July 2, 1950 that I last saw the deceased alive on July 2, 1950 and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 7/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/6/50

NAME OF CEMETERY OR CREMATORY Jr. O.N.A.M.

LOCATION (City, town, or county) Preston (State) Md

DATE REC'D BY LOCAL REG. 7/3/50

REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR H. F. Tolles ADDRESS Preston Md

15606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1950
BUREAU U. S.